

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated
below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original,
first and joint inventor (if plural names are listed below) of the subject matter which is claimed and
for which a patent is sought on the invention entitled A Thermoformable Lamination Containing A
Flexible Polyamide Coextrusion, the specification of which:

x is attached hereto.

— was filed on _____ as
Application Serial No. _____

and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification,
including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this
application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any
foreign application(s) for patent or inventor's certificate listed below and have also identified below
any foreign application for patent or inventor's certificate having a filing date before that of the

application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

<u>Country</u>	<u>Number</u>	<u>Date Filed</u>	<u>Priority Claimed</u>	
			<u>Yes</u>	<u>No</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby claim the benefit under Title 35, United States Code Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

<u>Application Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
_____	_____	_____
_____	_____	_____

And I hereby appoint Dennis M. McWilliams, Registration No. 25,195, Thomas E. Smith, Registration No. 18,243, James R. Sweeney, Registration No. 18,721, William M. Lee, Jr., Registration No. 26,935, Glenn W. Ohlson, Registration No. 28,455, David C. Brezina, Registration No. 34,128, Jeffrey R. Gray, Registration No. 33,391, Timothy J. Engling, Registration No. 39,970, Gerald S. Geren, Registration No. 24,528, Peter J. Shakula, Registration No. 40,808, Robert F.I. Conte, Registration No. 20,354, Gregory Beggs, Registration No. 19,286, John W. Hayes, Registration No. 33,900, and Howard B. Rockman, Registration No. 22,190 to prosecute this

application and to transact all business in the Patent and Trademark Office connected herewith. It is requested that all communications be directed to Lee, Mann, Smith, McWilliams, Sweeney & Ohlson, P.O. Box 2786, Chicago, Illinois 60690-2786, telephone number (312) 368-1300.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Andrea Maylene Carlson

Signature _____ Date _____

Country of Residence: United States

Country of Citizenship: _____

Post Office and Residence Address: 3740 Summerset Way, Oshkosh, Wisconsin, 54901

Full name of joint inventor: Gregory Robert Pockat

Signature _____ Date _____

Country of Residence: United States

Country of Citizenship: _____

Post Office and Residence Address: W 12287 Hwy. 23, Ripon, Wisconsin, 54971